

To begin with, I asked Dr. G. if he would sign a paper ordering certain definite cleanings for certain days; he answered that it was not necessary for him to do so, as he gave me *carte blanche* to order, and I need only report to him if not obeyed.

The cleaning of beds is at present perhaps the most crying necessity, and I have instituted a daily search for those terrible pests, bed bugs, between the mattresses and in the crevices of the iron. Old Ciccì is generally asleep at the hour most suitable for this innovation (five o'clock), or, if awake, he finds that he has something else important to do. So the work falls to one of the two younger infermieri, one of whom is so short-sighted that he either never discerns the animals, or else lets them escape; the other, Michele, is very good when not feeling ill, but that is not often; so it results in my having to poke about with knitting needles myself to keep them at all up to the mark, and attain the object of, at any rate, keeping down these nuisances which disturb the unfortunate patients so frequently.

Next to the cleaning of the ward comes the cleaning of the patients. There is a bath-room on the ground floor for our patients, but its use is constantly evaded, and bed-baths are as yet unknown in this ward, though usually appreciated in the downstairs ones—at our institution. But my Sala I. must wait till the surgical patients are removed; by then the medical ones will be, I hope, sufficiently tamed to endure this extraordinary innovation. So far I only wash piecemeal—face and hands daily, feet when urgent, as with a dear old paralysed case this morning, where soaking in hot water, scrubbing with turpentine, and scraping with scissors was necessary. "Job," as we call him, on account of his wonderful uncomplaining patience and devotion, recounted the story of his patronymic saint whilst I worked at his feet and made his favourite ejaculation "Dio è padrone" (God is master) at least half a dozen times.

July 16th.—Sala I is getting into fair order. Furniture (there is very little) washed and dusted, patients also washed and nails tidy; no bed sores. Medicines given with native modifications of regularity—*i.e.*, I give each patient his bottle or packet of powders when they come from the pharmacy after being ordered at rounds, and containing the quantity ordered for twenty-four hours. I give out also the number of drops of stock medicines ordered for same period, seeing that each patient understands how and when to take them. Only to a few exceptions do I actually administer. As soon as we have pupils fixed in each ward we will develop the proper system of two or four hourly, ante or post-meal giving of medicines.

The patients in all three wards are responding quite nicely to being nursed. They pay many compliments on our giving of hypodermics, frictions of aching limbs and chests, and are especially interested in the art of preventing or curing bed sores. I found that Sister G. had an excellent system of treating skin that threatened to give way, or had already done so. Instead of fastening on the dressing with strips of plaster, she placed little pads and attached them with collodion. As I have often (both at Lucca and Edinburgh) found that plaster irritated the skin and even increased the area of abrasure on removal, I have adopted her method. The little pads are made of two circles of gauze, the inner the size of the weak point to be covered, the outer about an inch larger. Cotton wool pulled out finely is laid between, and after pre-

paring the weak point according to its needs, powder, ointment, or merely friction, the little pad is applied and collodion painted over the outside inch of gauze until it holds securely. Where the skin has not actually given way, or where the abrasure is slight, these "cuscianette" are infallible. Also when the bed-sore is limited and the patient not in the last stages of disease, we have brilliant cures. But with certain cases of phthisis it seems impossible to entirely avoid the formation of bed-sores—be it the absence of water-beds, the quality and insufficiency of the bed linen, or be it the texture of the Neapolitan skin, the fact remains that with all our care patients in the last stages of tuberculosis are not always spared this suffering.

July 26th.—It is settled that Sister G. is to go for her month's holiday the 1st August, and that the three probationers shall have theirs the same time. I will remain to keep things going as much as possible; then on her return she will take entire charge of the "Blue Cross Nursing School"—as Pssa. S. insists on calling it—and I shall be free to return to Rome, where we have no Sister G., and where I, therefore, am far more needed.

All three wards seem to accumulate tubercular patients just now, and I foresee they will be my special care when left alone. Now that the temperature is usually 32 deg. C. in the wards, and 34 deg. on the shady side of garden, these poor creatures suffer terribly. Their limbs and chests seem to ache more acutely, and they constantly beg for the "frictions for pain" in some part of their burning bodies. We use any medium, belladonna or opium pomade, chloroform oil, or camphorated spirit, since it seems to be the soothing movement of the hands which acts as anodyne more than the medicament employed. But it is discouraging, having so many hopeless cases; especially in summer is it true that patients only come to hospital "quando hanno l'acqua alla gola"—when the water is up to their throat. This depends partly—with phthisical patients—on their inveterate hopefulness; but also it is due to their dread of dying alone, which dread, in the months when food is cheap, makes them linger at home till their family are quite unable to keep them. I do not wonder at this dread, since they all know that it is impossible to obtain leave in hospital for a relation to remain with them when dying, admission being only for a few hours in the day, and never at night. In hospitals where there are nuns this matters less, as they usually remain beside the dying, and always see to the administration of the sacraments. But here we are dependent on the infermieri, men or women, for calling the priest, and on their consciences for remaining, more or less, beside the dying. I cannot, for instance, imagine Ciccì remaining awake, when on duty at night, to do this.

In the woman's ward there are now two consumptive cases, with opposite types of character, but racing each other downhill. Adelina seems going the faster, though she has never had hæmoptysis, whilst Vincenza has had several attacks. Adelina is very quiet and patient, Vincenza most fractious; Adelina very sincerely devout, Vincenza terribly embittered. On Sunday I had time to read to them, and chose the gospel of the day, on which there was a very suitable *spiegazione* of the doctrine of the cross. Vincenza made no remark; but Adelina exclaimed "Come, bello"; and when I added "Certainly the cross is given to you," she clasped her tiny hands on her breast, as she raised

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